



For up to date criteria and forms, please check: www.gov.bc.ca/pharmacarespecialauthority

Fax requests to 1 800 609-4884 (toll free) OR mail requests to: PharmaCare, Box 9652 Stn Prov Govt, Victoria, BC V8W 9P4

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If PharmaCare approves this Special Authority request, approval is granted solely for the purpose of covering prescription costs. PharmaCare approval does not indicate that the requested medication is, or is not, suitable for any specific patient or condition.

Forms with information missing will be returned for completion. If no prescriber fax or mailing address is provided, PharmaCare will be unable to return a response.

SECTION 1 - RHEUMATOLOGIST INFORMATION

Form for Section 1: Prescriber's Name and Mailing Address, Mail Confirmation, College ID or MSP Number, Phone Number, Prescriber's Fax Number, and Critical for a Timely Response.

SECTION 2 - PATIENT INFORMATION

Form for Section 2: Patient (Family) Name, Patient (Given) Name(s), Date of Birth, Date of Application, Personal Health Number (PHN), and Critical for Processing.

SECTION 3 - MEDICATION REQUESTED

Form for Section 3: Requested Dose and Interval, Patient's Body Weight (KG), and medication options: Adalimumab, Certolizumab, Etanercept, Golimumab, Infliximab, and Secukinumab.

SECTION 4 - CURRENT CLINICAL INFORMATION

Form for Section 4: ESR or CRP, Morning Stiffness (minutes), Physician Global Assessment of Inflammation, and a blank box for additional information.

PHARMACARE USE ONLY

Please complete additional information on page 2 >>

Form for Pharmacare Use Only: Status, Effective Date, and Duration of Therapy / Termination Date.

TARGETED DMARDS FOR PSORIATIC ARTHRITIS

| | | |
|--------------|-----|-----------------------|
| PATIENT NAME | PHN | DATE (YYYY / MM / DD) |
|--------------|-----|-----------------------|

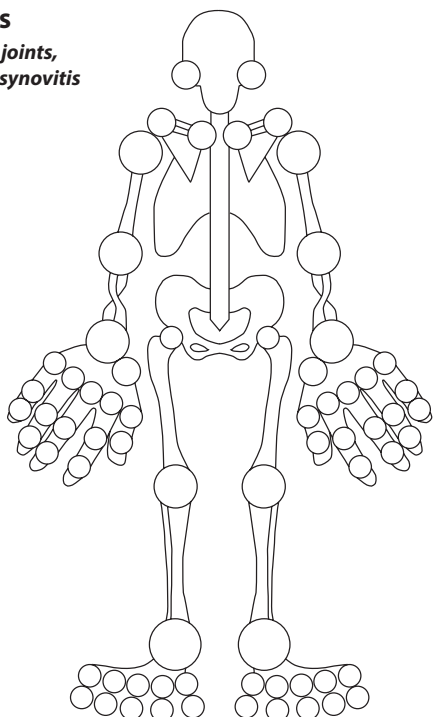
SECTION 5 - CURRENT MEDICATIONS (DMARDs, anti-inflammatories, corticosteroids, analgesics, opioids)

| DRUG | DOSE | FREQUENCY |
|------|------|-----------|
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SECTION 6 - CRITERIA FOR RENEWAL

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|--|---|---|--------------|--|--|
| A Status of cutaneous psoriasis: <input type="checkbox"/> Never Present <input type="checkbox"/> Resolved <input type="checkbox"/> Not Resolved → | If not resolved: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe | | | | |
| B For the criteria originally specified in the request for initial coverage, please provide current status. | IMPROVEMENT | | | | |
| | RESOLVED | NOT RESOLVED (ADDITIONAL COMMENTS IF APPLICABLE) | | | |
| | Five or more swollen joints (please complete homunculus below) | | | | |
| | Oligoarthritis (please complete homunculus below) | | | | |
| | Dactylitis (indicate by arrow and "D" on homunculus below) | | | | |
| | Tenosynovitis (indicate by arrow and "TS" on homunculus below) | | | | |
| | Enthesitis (indicate by arrow and "E" on homunculus below) | | | | |
| | Inflammatory spinal symptoms (submit current BASDAI) | | | | |
| | Daily use of corticosteroids to control active arthritis. | | | | |
| Use of narcotics for pain resulting from inflammation | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">DRUG</td> <td style="width: 50%;">CURRENT DOSE</td> </tr> <tr> <td> </td> <td> </td> </tr> </table> | DRUG | CURRENT DOSE | | |
| DRUG | CURRENT DOSE | | | | |
| | | | | | |
| <input type="checkbox"/> Functional assessment completed by patient and attached <input type="checkbox"/> Health Assessment Questionnaire (HAQ) AND/OR <input type="checkbox"/> BASDAI (in spinal disease) | | | | | |
| ADDITIONAL COMMENTS REGARDING PATIENT'S CURRENT MEDICAL STATUS | | | | | |

HOMUNCULUS
 Indicate active joints, dactylitis, tenosynovitis and enthesitis



Report all adverse events to the post-market surveillance program, Canadian Vigilance, toll-free 1-866-234-2345 (health professionals only).

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| <p>Personal information on this form is collected, used and disclosed under the authority of, and in accordance with, the <i>British Columbia Pharmaceutical Services Act</i> and <i>Freedom of Information and Protection of Privacy Act</i>. It will not be disclosed to any persons without the patient's consent. The information you provide will be relevant to and used solely to (a) provide PharmaCare benefits for the medication requested, (b) to implement, monitor and evaluate this and other Ministry programs, and (c) to manage and plan for the health system generally. If you have any questions about the collection or use of this information, call Health Insurance BC from Vancouver at 1-604-683-7151 or from elsewhere in BC toll free at 1-800-663-7100 and ask to consult a pharmacist concerning the Special Authority process.</p> <p>I have discussed with the patient that the purpose of releasing their information to PharmaCare is to obtain Special Authority for prescription coverage and for the purposes set out here.</p> <p style="text-align: right;">_____</p> <p>Rheumatologist's Signature (Mandatory)</p> |
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PharmaCare may request additional documentation to support this Special Authority request. Actual reimbursement is subject to the rules of a patient's PharmaCare plan, including any annual deductible requirement, and to any other applicable PharmaCare pricing policy.